



# DEPARTMENT OF CONSERVATION

## DIVISION OF RECYCLING

801 K STREET • MS 19-01 • SACRAMENTO, CALIFORNIA 95814

PHONE 916 / 323-3836 • FAX 916 / 327-2144 • TDD 916 / 324-2555 • WEBSITE [conservation.ca.gov](http://conservation.ca.gov)

Dear Program Operator:

**Re: 2010 Individual Commingled Rate Survey (ICRS) Application Package**

Enclosed is a copy of the Application Package for the annual ICRS. This package will guide you through the steps necessary to complete the application and successfully perform the 2010 ICRS.

Program operators may conduct the ICRS for one or more of the primary material types that have an existing statewide commingled rate. Statewide average commingled percentages provided in Table 1 became effective July 1, 2008. Statewide commingled rates for 2009 will not be available until January 1, 2009.

Table 1  
Statewide Average Commingled Percentages (by weight)

<u>Program Type</u>	<u>Aluminum</u>	<u>Glass</u>	<u>PETE</u>	<u>HDPE</u>
Curbside	92.36%	44.76%	68.48%	14.81%
Dropoff or Collection	95.54%	48.57%	73.91%	22.22%
Community Service	96.18%	54.29%	75.00%	18.52%

Each unique program requires a separate application with the exception of curbside programs. An operator may conduct one ICRS for multiple curbside programs if all of the participating curbside programs deliver their material exclusively to that operator at a single location.

Submit the completed application to the Department of Conservation no later than **September 1, 2008** at the following address:

CA Department of Conservation  
Division of Recycling  
Market Research Branch  
801 K Street, MS 17-24, Attn: ICRS Coordinator  
Sacramento, California 95814

If you have any questions regarding the individual commingled rate survey, please contact me via phone at (916) 324-5026 or e-mail at [L.Paul.Turner@conservation.ca.gov](mailto:L.Paul.Turner@conservation.ca.gov).

Sincerely,

Paul Turner  
Individual Commingled Rate Survey Coordinator

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# **Individual Commingled Rate Survey Application Package**



**Department of Conservation  
Division of Recycling  
Market Research Branch  
801 "K" Street, MS 17-24  
Sacramento, CA 95814  
(916) 323-5778**

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## **I. Background**

The California Beverage Container Recycling Program (Program) allows consumers to return beer, soda, water, and other beverage containers made of aluminum, glass, plastic, or bimetal to recycling centers where they receive the CA Refund Value (CRV).

Loads containing both CRV containers and non-CRV containers (excluding line breakage, rejected, and out-of-state containers) can be redeemed by weight without sorting. A load consisting of both CRV and non-CRV containers is called a commingled load. Payment of CRV is based on a statewide average ratio of CRV container weight to the weight of all containers (excluding line breakage, rejected, and out-of-state containers), known as the ***commingled rate***.

The California Beverage Container Recycling and Litter Reduction Act, Public Resources Code, Division 12.1, Chapter 6, Section 14573.51(b) states that “The Department shall establish a procedure whereby the operators of curbside programs may apply for an individual commingled rate.”

Title 14, California Code of Regulations, Subchapter 7, Article 3, Subsections 2620-2645; Subchapter 8, Article 2, Subsections 2660-2685; and Subchapter 9, Article 3, Subsections 2720-2745 provide dropoff or collection, curbside, and community service programs with the option of conducting an Individual Commingled Rate Survey (ICRS) to determine a rate solely for their program(s).

## **II. Statewide Commingled Rates and the Individual Commingled Rate Program**

### **Statewide Commingled Rates**

- Allow loads containing both CRV and Non-CRV containers to be redeemed by weight without sorting.
- Are based on the Division of Recycling’s (Division) estimated statewide average ratio of CRV container weight to the weight of all containers (excluding line breakage, out-of-state, and rejected containers).
- Are established for specific program and material types.
- Allow programs that have not received an individual commingled rate (ICR) to be paid CRV on commingled loads based on the current statewide average commingled rates.

### **Individual Commingled Rate Program**

- Allows program operators to obtain Division approval, in advance, to conduct an Individual Commingled Rate Survey (Survey) using either the Division's individual commingled rate methodology or an alternative survey methodology to determine a commingled rate(s) unique to their program. The Division must approve alternative methodologies in advance.

- Allows programs the option of conducting a Survey for one or more primary material types that have an existing statewide commingled rate.
- Provides that program operators who have completed a Survey will receive either an approved individual commingled rate or the published statewide average rate, whichever is greater.
- Provides that any program that has acquired an individual commingled rate will not be included in the statewide commingled rate surveys while its individual commingled rate is in effect.
- Provides that, once approved, an individual commingled rate will be effective for one year, January 1 through December 31 of the following year.

### **III. Steps in Conducting an Individual Commingled Rate Survey**

1. Obtain, complete, and submit an Individual Commingled Rate Application (ICRS-APP (07/00)) to the Department of Conservation's (Department) Division of Recycling.
2. If you wish to use an alternate methodology, submit a detailed description of the proposed methodology along with the ICRS-APP (07/00) for Division review and approval.
3. Await response from the Department for approval of your application. If not notified by the beginning of the Survey Period the operator should contact a Division representative at (916) 323-5778.
4. Conduct the Survey for the entire 12-month Survey Period from October through September.
5. At the completion of the Survey, the Department will determine the individual commingled rate(s) by averaging the daily commingled rates from the survey data.

### **IV. Alternate Methodology**

If your operation is such that it cannot conform to the survey methodology detailed in the Application Package, or if you prefer to use a different methodology, you may submit a request to use an alternative methodology. The alternative methodology must equal the Division's methodology in its accuracy of estimation and level of confidence in the estimation. Describe the proposed alternative methodology in adequate detail for the Division to determine its accuracy of estimation and level of confidence in the estimation.

## V. Survey and Daily Sample Size Determination

The required number of containers to survey over the Survey Period is based on the chart below:

Material Type	Annual Survey Sample Size
Aluminum	6600
Glass	4500
PET	3000
HDPE	3000

A program shall calculate the daily sample by dividing the annual survey sample size, specified in the chart above, by the total number of days they will be conducting the Survey during the entire 12-month Survey Period, as specified in the chart below. Once determined, the daily sample size for a material type will remain the daily sample size for the entire 12-month Survey Period for that material type.

	(a)	(b)	(c)	(d)	(e)
Material Type	Survey Sample Size	Number of Days in your Workweek	Total Survey Weeks	Total Survey Days	Daily Sample Size (a)÷(c)=(d)
Aluminum	6600	4	6	24	275
Glass	4500	4	6	24	188
Plastic (All Resins)	3000	4	6	24	125
Aluminum	6600	5	6	30	220
Glass	4500	5	6	30	150
Plastic (All Resins)	3000	5	6	30	100
Aluminum	6600	6	6	36	184
Glass	4500	6	6	36	125
Plastic (All Resins)	3000	6	6	36	84
Aluminum	6600	7	6	42	157
Glass	4500	7	6	42	108
Plastic (All Resins)	3000	7	6	42	72

## VI. Selecting Sample Weeks

Surveys must be conducted for one full regular workweek of each two-month Sample Period. Surveys shall be scheduled in collaboration with the Division's ICRS Coordinator to ensure efficiency of the Division's on-site review and oversight process. Surveys shall not be performed in weeks with holidays or other days the program is not in operation. The sample weeks shall be distributed as evenly throughout the Survey Period as possible. The starting

time of Survey sampling and analysis shall be either 8:00 A.M. or 1:00 P.M., or as agreed upon in collaboration with the Division's ICRS Coordinator. Sampling and analysis shall take place at the survey location indicated on the ICRS Application Form.

For the 2010 ICRS, sampling weeks shall be determined by the geographic location of the site and scheduled according to the charts below:

**San Diego, Inland Empire, Los Angeles, and Central Valley**

Sampling Period	Sampling Weeks	Days	Time*
October/November	October 6, 2008	Monday – Friday	8:00 A.M. or 1:00 P.M.
December/January	December 8, 2008	Monday – Friday	8:00 A.M. or 1:00 P.M.
February/March	February 2, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.
April/May	April 6, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.
June/July	June 8, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.
August/September	August 3, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.

**San Francisco Bay Area and Central Coast**

Sampling Period	Sampling Weeks	Days	Time*
October/November	October 20, 2008	Monday – Friday	8:00 A.M. or 1:00 P.M.
December/January	December 8, 2008	Monday – Friday	8:00 A.M. or 1:00 P.M.
February/March	February 16, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.
April/May	April 20, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.
June/July	June 22, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.
August/September	August 17, 2009	Monday – Friday	8:00 A.M. or 1:00 P.M.

\* Time of survey is to be determined in collaboration with the Division's ICRS Coordinator.

**Example of Selecting Sampling Weeks**

ABC Curbside Recycling operates its curbside collection program and delivers its materials to a MRF located in San Jose. Because the location for its sampling and analysis is in the San Francisco Bay Area, ABC Curbside Recycling will schedule its sampling weeks according to the San Francisco Bay Area and Central Coast table above and request its preferred time 8:00 A.M. or 1:00 P.M. or some other time if necessary.

**VII. Survey Methodology**

**Overview**

An approved Survey is required for each material type for which you wish to obtain an individual commingled rate. Individual commingled rates may be approved for one or more material types that have an existing statewide commingled rate. Currently this includes aluminum, glass, PET plastic and HDPE plastic.

The Survey shall be conducted over the 12-month Survey Period beginning in October and shall be based on the schedule and daily sample size submitted on the ICRS Application and approved by the Division.



## Survey Team Responsibilities

A designated and consistent survey team of two people is recommended. The survey team is responsible for the following:

1. Confirming that all necessary supplies and equipment are available and in good working order.
2. Ensuring that the scale used for the analysis conforms to the standards established for scales used for trade in California and that the scale is properly calibrated and sealed.<sup>1</sup>
3. Performing the Survey sampling by randomly selecting containers on the agreed upon date, and at the time, and place indicated on the approved ICRS Application.
4. Performing the sample analysis by counting, sorting, and weighing the containers.
5. Recording all data legibly on the data collection sheets.
6. Ensuring the accuracy and completeness of the data collected and recorded. Making sure that all data collection sheets have been verified and all sections are complete, accurate, and meet the minimum daily sample size as indicated on the ICRS Application.

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<sup>1</sup> Weight shall be measured, recorded, and reported in pounds and fractions thereof. All weighing in this state shall be done on a scale or other device approved, tested, and sealed in accordance with Division 5 of the Business and Professions Code (Weights and Measures) and any applicable regulations thereunder.

## **Determination of CRV and Non-CRV Containers during Survey**

Randomly select for your Survey only bottles, jars, containers, cans, and other items of each material type (aluminum, glass, PET plastic, or HDPE plastic) that you normally include in loads you sell or transfer for CRV payment. EXCLUDE LINE BREAKAGE, OUT-OF-STATE, AND REJECTED CONTAINERS. EXCLUDE PARTIAL OR BROKEN CONTAINERS.

### **Aluminum:**

Include all drink and beverage containers. Do not include such items as pet food and other food containers, aluminum foil, and dinner trays unless they are sold with the used drink and beverage containers. A magnet should be used to distinguish aluminum containers from bimetal and steel containers.

### **Glass:**

Nearly all container glass should be included in the Survey. However, **DO NOT** include items such as pharmaceutical glass which may contain hazardous waste or is unlabeled, lab glass (e.g. beakers and test tubes), Visionware (similar to Corningware but clear glass), plate glass, decorative glass (e.g. candles), light bulbs, mirrors, porcelain, pottery, or ceramics (e.g. coffee mugs and dinner plates).

### **PET Plastic and HDPE Plastic (Resins #1 & #2):**

A separate Survey is conducted for each resin type approved for an ICRS. For all individual commingled rates, the containers surveyed must have the appropriate resin label on the container. For example, when surveying PET plastic, #1 resin, all containers must have the number "1" inside a three-sided triangular arrow on the container.

Survey all PET or HDPE plastic containers that you normally include in loads of that resin type for sale or transfer. If you exclude particular types of plastic containers from your loads sold/transferred to the processor or end user for that resin type then you must also exclude them from the Survey.

For an HDPE Survey, containers must be randomly selected from the program's HDPE material before it is sorted and separated into its natural HDPE and pigmented HDPE components.

### **CRV-Type containers, which are not labeled CRV:**

These are containers with their product label physically intact that should, but do not, bear the "California Redemption Value", "CA Redemption Value", "CA Cash Refund" or "California Cash Refund" inscription. Remove and replace any such containers prior to beginning the analysis of sampled materials.

### **Containers with label removed:**

These are containers that have only a partial label identifying the product or no label at all.

- If a label has been partially or totally removed and the container is clearly non-CRV (food, wine, etc.), it shall be recorded as a non-CRV container.
- If a container's shape, color or other physical attributes are such that it **cannot** be clearly identified as a CRV-type container, it shall be recorded as a non-CRV container.
- However, if the container **is** recognizable as a CRV-type container, but the label is partially or totally removed, the container shall be recorded as CRV.

## **Sampling Procedures**

Containers surveyed shall be randomly sampled without regard to appearance, size, or CRV / non-CRV status. Whether materials are in one large pile or several bins, the materials shall be selected at random from the pile/bin(s). Each sample of material being analyzed must be a good representation of the material normally collected and processed by that program.

### **Curbside Program Sampling**

Samples shall be collected from trucks, bunkers, or bins that contain materials **exclusively from programs approved for the Survey**. Samples may be taken directly from the holding bins after the sorting/handling process **only** if the bins contain material exclusively from programs identified on your ICRS Application and approved for the Survey. Samples are to be collected at the agreed upon sampling times.

If the collecting bins hold materials from other programs then samples must be collected before the sorting/handling process. These samples must be collected from the appropriate program's trucks that have arrived most immediately prior to the agreed upon sampling times. In almost all cases, glass should be collected prior to sorting/handling due to its tendency to break during that process.

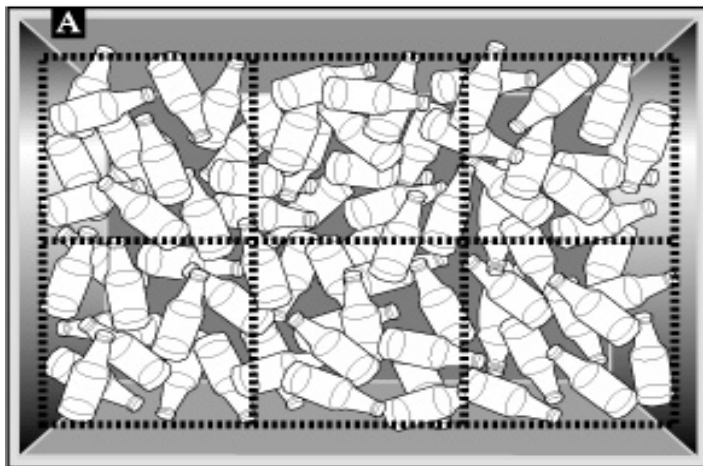
After the curbside collection trucks have delivered the materials from the appropriate programs, the survey team will randomly select whole containers of the material types approved for the Survey and deposit the containers in holding bins such as thirty-gallon garbage cans. Once the required number of containers has been selected, the survey team will perform the Survey analysis and complete the Survey data collection sheets.

### **Dropoff or Collection and Community Service Programs Sampling**

The survey team will randomly select whole containers of the material types approved for the Survey and deposit the containers in holding bins. Once the required number of containers has been selected, the survey team performs the Survey analysis and completes the Survey data collection sheets.

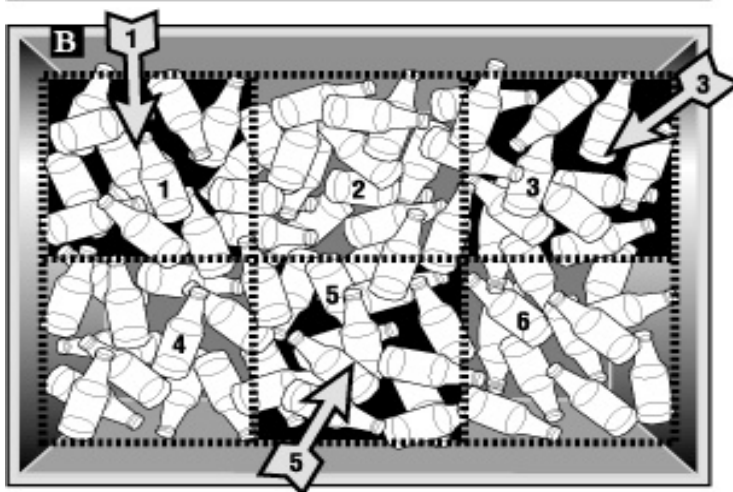
## An Example of Random Sampling Procedure

The following diagrams illustrate one method of random sampling from bunkers or bins.



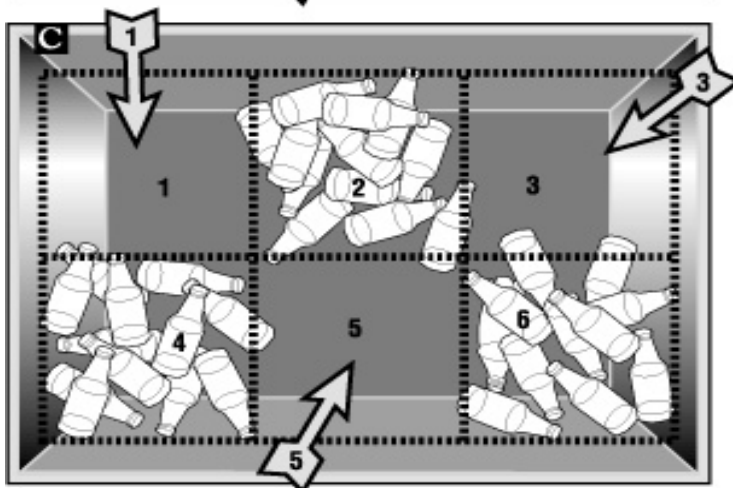
**A**

The first step is to *imagine a large grid* covering the bin or pile of materials from which you will be collecting your survey sample. The number of squares in the grid usually varies between six and twelve, depending on the size of the load.



**B**

The next step is to *randomly select sections of the grid* from which the samples will be collected. Assign sequential numbers to each square of the grid. Then randomly choose the squares to sample by a method such as rolling a dice.



**C**

Once the areas to be sampled are identified, the next step is to *randomly collect containers* for the survey. Collect every whole container that is within the gridded area. The idea is to "look" less with one's eyes, reserving visual perception primarily for safety and the weeding out of partial and broken containers.

DOR 8/00

## Data Collection Sheets

Survey data are collected by the program's Survey team members and recorded using the data collection sheets provided by the Division in the Appendices including a *Daily Data Collection Sheet (DDCS- (07/00))* and a *Weekly Summary Sheet (WSS-(07/00))*. The Division also provides electronic versions of the data collection sheets for ICRS participants' use. These electronic data collection sheets can be submitted by e-mail for your convenience. All participants are strongly encouraged to use the electronic option.

Submit the completed original *DDCSs* and a *WSS*, or the electronic equivalents, to the Division for review, verification, and approval upon completion of the sample week. The Division requests that participants submit their *DDCSs* and *WSS* within 5 days of completing the week's work and after carefully reviewing the data for accuracy. Timely submission of the collected data will ensure timely processing by the Division and will avoid the risk of losing the data sheets. Under current regulations, the data must be submitted to the Division postmarked no later than the 15<sup>th</sup> day of the month immediately following the close of the two-month sampling period. The Division will not accept data submitted after the deadline. Failure to meet the deadline may cause termination of the Individual Commingled Rate Survey.

An affidavit (AFD- (07/00)) is submitted at the conclusion of the annual Survey Period to confirm that all information and data submitted is complete, accurate, and consistent with the approved survey methodology.

## Quality Control

To approve an individual commingled rate for a participant, the Division must have confidence the rate determined through the Survey is a good estimation of the actual commingled rate for the program. To be confident the Division requires assurance of quality data. Poor data quality control can result in disapproval of an individual commingled rate for a particular material type or the termination of the complete Survey.

For each sample, review the collected data and ensure the following accuracy checks are met:

- The cumulative weight of all components of a sample equals the weight of the total sample, within an acceptable range of discrepancy due to rounding and scale precision.
- The cumulative count of all components of a sample equals the total sample count.

If either of the above criteria is not met, the data is considered incorrect. The Division may, upon its sole discretion, delete incorrect sample data from use in calculating the individual commingled rate. A significant lack of quality control is demonstrated when 5% or more of a participant's total Survey Period sample data is found to be incorrect. A significant lack of quality control shall result in the termination of a Survey.

Scale precision can negatively impact quality control. The Division recommends a scale accurate to the nearest 0.02 pounds. Any lesser scale precision may result in incorrect data, as weight discrepancies may be outside acceptable limits.

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# INDIVIDUAL COMMINGLED RATE APPLICATION

(ICRS-APP (07/00))

(Survey period is October through September)  
(Rates effective January 1<sup>st</sup> the year after rates are approved)

**Submit the Application Sheet by September 1<sup>st</sup>.**

## OPERATOR INFORMATION

Organization Name	DBA
Contact Person	Title
Phone Number	Fax Number
Mailing Address	City/State/Zip
Business Address	City/State/Zip

## SURVEY INFORMATION

Survey location address	City
Survey technician's name	Phone number (    )
Brief survey location description	

Will you conduct the Survey using the Division's survey methodology, ☐ , or submit an alternate methodology, ☐ ?

## MATERIALS & SAMPLE SIZE

Select materials that will be surveyed ✓	Aluminum <input type="checkbox"/>	Glass <input type="checkbox"/>	Plastic <input type="checkbox"/> (Circle one or more) #1, #2, #3, #4, #5, #6, #7
What is your Sample size for that material? (pg. 3)			

## DATES & TIMES

Sample Periods	Dates of Survey Week	Number of Days
October / November		
December / January		
February / March		
April / May		
June / July		
August / September		

What time of day will you conduct the survey?

## PROGRAM INFORMATION

**Which program category is this application for? ✓**

☐ Curbside                      ☐ Dropoff or Collection                      ☐ Community Service

## CURBSIDE PROGRAMS

List the curbside numbers you will survey with their associated public agency (municipality) and hauling and/or sorting operator. Use additional sheets if necessary.

Curbside #	Municipality	Operator
1.		
2.		

## INDIVIDUAL COMMINGLED RATE APPLICATION

### DROPOFF OR COLLECTION & COMMUNITY SERVICE PROGRAMS

Certification Number \_\_\_\_\_

Source of the material? ☒ ✓

☐ mixed solid waste ☐ bar & restaurant ☐ business's ☐ school ☐ club ☐ other \_\_\_\_\_

How many municipalities does the program serve? \_\_\_\_\_

How many customer sites are materials collected from? \_\_\_\_\_

How often are collected materials sold? \_\_\_\_\_

Give a brief description of your program \_\_\_\_\_

### DECLARATIONS AND SIGNATURES

**By signing and submitting this form, I certify that:**

I will perform this Survey in accordance with the approved survey methodology.

I understand it is my responsibility to **notify** the Division, in advance, of any deviation from the timeline or survey location indicated in the approved Application Package.

I understand it is my responsibility to **notify** the Division regarding changes of volume or customers sites pursuant to California Code of Regulations Sections 2640, 2680 and 2740.

Upon completion of each two-month sample period and no later than the 15th of the following month, I will forward **original** Data Collection and Data Collection Summary Sheets to the Department and retain a copy for my records.

Upon completion of the annual survey, I will forward original documentation, calculations and the signed affidavit to the Department, by October 15<sup>th</sup>.

I agree to perform the Individual Commingled Rate Survey in compliance with the California Beverage Container Recycling and Litter Reduction Act, including all relevant regulations contained in Chapter 5 of Division 2 of the California Code of Regulations.

To the best of my knowledge, the information provided on this application is current and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

*Send Application Page to:*  
Department of Conservation  
Division of Recycling  
c/o ICRS Coordinator  
Market Research Branch  
801 "K" Street, MS 17-24  
Sacramento, CA 95814

*Phone Inquiries:*  
**Individual Commingled Rate Survey Coordinator  
Or Market Statistics Supervisor  
at (916) 323-5778**

Program operators whose Application for Individual Commingled Rate Surveys have been disapproved may appeal pursuant to California Code of Regulations, Sections 2645 for dropoff or collection, 2685 for curbside and 2745 for community service programs.



## Application Page Instructions

Organization Name	The legal name of the organization applying for an individual commingled rate.
DBA	The name the organization is doing business as for the recycling activity for which a Survey is being requested.
Contact Person	The person at your location who has authority to sign the Application Page.
Title	The Title used in your organization for the contact person.
Phone Number	The contact person's phone number.
Fax Number	The contact person's fax number.
Mailing Address City/State/Zip	The address of the applying organization where the contact person receives mail.
Business Address City/State/Zip	The address of the applying organization where the contact person works.
Survey Location Address/City	The location where the Survey Technician will perform the sampling and analysis for the Survey.
Survey Technician's Name	The person who will lead the survey team to conduct the Survey.
Phone Number	The Survey Technician's phone number.
Brief Survey Location Description	Indicate whether the Survey location is a transfer station, certified processor or a holding yard.
Survey Methodology	Place a checkmark "✓" in the appropriate box.
Materials To Be Surveyed	Place a checkmark "✓" in the appropriate box. Indicate resin types to be surveyed by circling appropriate resin number.
What Is Your Survey Sample Size	Enter the survey sample size for your program. Refer to the "Survey and Daily Sample Size Determination" section (page 3) to determine sample sizes.
What Is Your Daily Sample Size	Enter the daily sample size for your program. Refer to the "Survey and Daily Sample Size Determination" section to determine sample sizes.
Dates and Times	Enter the dates of the weeks and the number of days per week you will conduct the survey. Refer to the Section of these instructions titled "Selecting Sample Weeks."
What Time Will You Conduct Survey	Enter the time of day that sampling will begin on during sampling weeks.

Program Category      Indicate with a checkmark “✓”.

**Curbside Programs**

Curbside Number      Indicate the curbside identification number issued by the Division of Recycling for each curbside program that a Survey is requested.

Municipality      Indicate the name of the public agency for each separate curbside identification number, as listed on the Division’s Application for Curbside Identification Number.

Operator      Indicate the name of the organization that collects and/or sorts material.

**Dropoff Or Collection & Community Service Programs**

Certification Number      Indicate the Dropoff or Collection or Community Service Program certification number you were issued by the Division.

Source of Material      Check “✓” all blocks that apply.

Municipalities Served      Indicate the number of Cities, Counties and/or Districts served by this program.

Number of Customer Sites Served      Indicate the number of customer sites (bars, restaurants, hotels, etc) you collect from.

Sale of collected Materials      Indicate how frequently you sell your collected material.

Declaration and Signatures      Print name and title of authorized signatory, sign and date.

# **DAILY DATA COLLECTION SHEET** **For the 20\_\_ Individual Commingled Rate** (DDCS (07/00))

Two-Month Sample Period: **Circle One**   Oct/Nov   Dec/Jan   Feb/Mar   Apr/May   Jun/Jul   Aug/Sep

Program Name: \_\_\_\_\_ Survey Date: \_\_\_\_\_

Circle One   **M   TU   W   TH   F   SA   SU**

Certification/Identification Number(s) \_\_\_\_\_

<b>MATERIAL TYPE:</b>		<small>Circle One</small>		<b>Aluminum</b>	<b>Glass</b>	<b>Plastic (   )</b>	<b>Resin #</b>
<b>SAMPLE TOTALS</b>		<b>CRV</b>				<b>TOTAL NON-CRV</b>	
Quantity of Containers	Weight	< 24 oz.		≥ 24 oz.		Quantity	Weight
		Quantity	Weight	Quantity	Weight		
1							
2							
3							
4							
5							
6							
7							
8							
<b>TOTALS</b>							

Comments:

## Daily Data Collection and Weekly Summary Sheet Instructions

All sections of the DDCS must be complete. Program operators may enter the Survey Period, Program Name and Certification Number(s) sections and make copies for convenience.

**Title:** Place the last two digits of the year for which an individual commingled rate is being applied.

**Sample Period:** the two-month sample period in which the samples are to be taken, *example:* Oct./Nov

**Program Name:** the name of your program, *example:* **ABC Collection Program.**

**Survey Date:** the date the survey sample is obtained and the data recorded on that DDCS. There must be at least one DDCS to represent each day of the sample week; larger programs may need multiple DDCS s. The appropriate day must be circled.

**Certification/Identification Number(s):** List all the certification/identification numbers included in the Survey, as indicated on your Application Page approved by the Division.

The remaining sections of the DDCS are to be completed while performing the Survey and analyzing the data. Each line represents a sample of materials (bucket) that has been fully analyzed. For example, if three buckets of mixed glass containers were sampled each day to fulfill the required daily sample, then the results of the analysis of the first bucket should be recorded on the first line and so forth.

### **Sample Totals**

**Quantity of Containers:** the total number of containers in a sample bucket. The original number of containers in the sample bucket should be recorded in this field.

**Weight:** the total weight of all containers in the sample bucket. The original weight of containers in the sample bucket should be recorded in this field.

Record sample bucket's total quantity and weight then separate the sample into the categories below:

- 1) **< 24 oz. CRV;** *all whole California Refund Value containers less than 24 ounces*
- 2) **≥24 oz. CRV;** *all whole California Refund Value containers equal to or greater than 24 ounces*
- 3) **Total Non-CRV;** *all whole containers of the same material type without refund value*

**Quantity:** Count the number of containers in each of the separate categories above and record the count in the appropriate box.

**Weight:** Obtain the weight of the containers in each of the separate categories above and record the weight in the appropriate box.

***Note: Before analyzing the next bucket, review all data entries for quality control.***



## **Weekly Summary Sheet (WSS) Instructions**

The WSS is completed using data from the "TOTALS" line of each DDCS. The survey date in the first column should be taken from the top portion of the first DDCS for the Sample Period. Complete a separate WSS for each material type. Submit each WSS form to the Division of Recycling with all original supporting DDCS's attached.

**AFFIDAVIT**  
**for the Individual Commingled Rate Survey**  
(AFD (07/00))

Survey Period: \_\_\_\_\_

Program  
Name: \_\_\_\_\_

Certification/Identification  
Number(s): \_\_\_\_\_

To the best of my knowledge, this Individual Commingled Rate Survey data and information is complete, accurate, and consistent with the Application Package and Application Page approved by the Department of Conservation's Division of Recycling (Division). I also verify that all information provided on the Data Collection Sheets and Data Collection Summary Sheets were obtained through the survey methodology approved by the Division.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

City, County: \_\_\_\_\_

Date: \_\_\_\_\_